

FORM B

**COMPREHENSIVE DRUG COURT IMPLEMENTATION
QUARTERLY NARRATIVE REPORT FORM**

Check here if this is a revised or an amended Quarterly Narrative Report / / /

County Name: _____ Grant Award #: _____

Reporting Period: _____ through _____ (i.e., 12/29/2000 – 3/30/2001)

CDCI Contact Person: _____ Submission Date: _____

Telephone No.: _____ Email Address: _____

I hereby certify that the information reported in this quarterly report is accurate and consistent with the grant award.

Alcohol and Drug Program Administrator

Date: _____

Please provide this report in a narrative format.

- 1) Goals and Objectives for this report (billing) period:

- 2) Goals and Objectives Met:

- 3) Goals and Objectives Not Met:

- 4) Obstacles, Problems, or Situations which Prevented Meeting Goal(s) and/or Objective(s) (please give reason for each goal and/or objective not met):

- 5) Plan for Solution or Correction of Obstacles, Problems, or Situations:

- 6) Goals and Objectives for the next Report Period: